

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

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AUG 30 1999

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Full Legal Name of Service Provider: State University of New York State
College of Optometry

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): SUNY College of Optometry, College of Optometry
University Optometric Center

Address of Service Provider: 100 East 24th Street, New York, NY 10010-3677

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Claudia A. Perry, Ph. D.

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
as above

Telephone Number of Designated Agent: 212-780-5090

Facsimile Number of Designated Agent: 212-78--5094

Email Address of Designated Agent: cperry@sunyopt.edu

Signature _____ **Representative of the Designating Service Provider:**
Date: 8/18/99

Typed or Printed Name and Title: David A. Bowers
Vice President for Administration & Finance

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

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